
Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



JUL - 8 2014

Mr. Michael T. Hales, Director
Division of Health Care Financing
Utah Department of Health
P.O. Box 143101
Salt Lake City, UT 84114-3101

Re: Utah 14-013

Dear Mr. Hales:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 14-013. Effective for services on or after July 1, 2014, this amendment extends the payment provision for nursing facility quality improvement incentive payments.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 14-013 is approved effective July 1, 2014. The HCFA-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

Cindy Mann
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 14-013-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2014	

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(13)(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. SFY 2015 \$0
b. SFY 2016 \$0 *PK*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 3 of Section 927 of ATTACHMENT 4.19-D

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Page 3 of Section 927 of ATTACHMENT 4.19-D

10. SUBJECT OF AMENDMENT: Quality Improvement Incentive

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: May 15, 2014

16. RETURN TO:

Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

JUL - 8 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Penny Thompson

22. TITLE:

Deputy Director, CMCS

23. REMARKS:

900 RATE SETTING FOR NFs (Continued)

- (A) A new side-entry bathing system that allows the resident to enter the bathing system without having to step over or be lifted into the bathing area;
- (B) Heat lamps or warmers (e.g. blanket or towel);
- (C) Bariatric equipment (e.g. shower chair, shower gurney; and
- (D) General improvements to the patient bathing/shower area(s).
- (iv) Incentive for facilities to purchase or enhance patient life enhancing devices. Qualifying Medicaid providers may receive \$495 for each Medicaid-certified bed. Patient life enhancing devices are restricted to:
 - (A) Telecommunication enhancements primarily for patient use. This may include land lines, wireless telephones, voice mail, and push-to-talk devices. Overhead paging, if any, must be reduced;
 - (B) Wander management systems and patient security enhancement devices (e.g., cameras, access control systems, access doors, etc.);
 - (C) Computers, game consoles, or personal music system for patient use;
 - (D) Garden enhancements;
 - (E) Furniture enhancements for patients;
 - (F) Wheelchair washers;
 - (G) Automatic doors;
 - (H) Flooring enhancements; and
 - (I) Automatic Electronic Defibrillators (AED devices); and
 - (J) Energy efficient windows with a U-factor rating of 0.35 or less; and
 - (K) Exercise equipment for group fitness classes (e.g., weights, exercise balls, exercise bikes, etc.).
- (v) Incentive for facilities to educate staff on quality. Qualifying Medicaid providers may receive \$110 for each Medicaid-certified bed. The education or training must:
 - (A) Be by an industry-recognized organization; and
 - (B) Have a patient-centered perspective focused on improving quality of life or care for the patients.
- (vi) Incentive for facilities to purchase or make improvements to van and van equipment for patient use. Qualifying Medicaid providers may receive \$320 for each Medicaid-certified bed.
- (vii) Incentive for facilities to purchase or lease new or enhance existing clinical information systems or software or hardware or backup power. Qualifying Medicaid providers may receive the QI2 limit amount for each Medicaid-certified bed.
 - (A) The software must incorporate advanced technology into improved patient care that includes better integration, captures more information at the point of care, and includes more automated reminders, etc. A facility must include the following tracking requirements in the software:
 - (I) Care plans;
 - (II) Current conditions;
 - (III) Medical orders;
 - (IV) Activities of daily living;
 - (V) Medication administration records;
 - (VI) Timing of medications;
 - (VII) Medical notes; and
 - (VIII) Point of care tracking.
 - (B) The hardware must facilitate the tracking of patient care and integrate the collection of data into clinical information systems software that meets the tracking criteria in Subsection A above.
- (viii) Incentive for facilities to purchase a new or enhance its existing heating, ventilating, and air conditioning system (HVAC). Qualifying Medicaid providers may receive \$162 for each Medicaid-certified bed.
- (ix) Incentive for facilities to use innovative means to improve the residents' dining experience. These changes may include meal ordering, dining times or hours, atmosphere, more food choices, etc. Qualifying Medicaid providers may receive \$200 for each Medicaid-certified bed.
- (x) Incentive for facilities to achieve outcome proven awards defined by either the American Health Care Association Quality First Award program or the Malcolm Baldrige Award. Qualifying Medicaid providers may receive \$100 per Medicaid-certified bed.
- (xi) Incentive for facilities to provide flu or pneumonia immunizations for its employees at no cost to the workers. Qualifying Medicaid providers may receive \$15 per Medicaid-certified bed. The application must include a signature list of employees who receive the free vaccinations.
- (xii) Incentive for facilities to purchase new patient dignity devices. Qualifying Medicaid providers may receive \$100 for each Medicaid-certified bed. Patient dignity devices are restricted to:
 - (A) Bladder scanner.
 - (B) Bariatric scale capable of weighing patients up to at least 600 pounds.

JUL - 8 2014

T.N. # 14-013

Approval Date _____

Supersedes T.N. # 13-019

Effective Date 7-1-14